Permit No	Fee:
Date Received:	Initials:

TEMPORARY SIGN PERMIT APPLICATION CITY OF GAHANNA ZONING DEPARTMENT

Business Name:			_
Address:		Phone:	
Applicant:*		Phone:	_
Type of Temporary Sign:			
"Coming Soon		New Subdivsion (32 sq.ft. max.	•
Contractor (16	•	Community Activity (16 sq.ft. ma	X.)
Sign Material: Colors: Background:			_
Anchoring Description:			_
Please Sketch the Temporary S	ign Design Below:		
Sign Location on Property:			
Dimensions: Length:	Width:	Overall Height:	
Display Period Requested: Pเ	ut Sign Up:	Take Sign Down:	_
	55.07 of the Codified	ROVAL I Ordinances of Gahanna, Ohio, I hereby certify in the control of the contr	
Zoning Administrator:		Date:	
Conditions:			